

PATIENT NAME		DOB	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
PRIMARY PHONE	ALTERNATE PHONE	SSN	
INSURED NAME	PLAN NAME	PLAN PHONE NUMBER	
ID NO	GROUP NO	AUTH NO	
DIAGNOSIS	ICD-9 CODE		
SYMPTOMS / INDICATIONS FOR REFERRAL			

X	SERVICE DESCRIPTION PULMONARY FUNCTION STUDIES *	CDM	CPT	X	SERVICE DESCRIPTION BRONCHIAL CHALLENGE STUDIES	CDM	CPT	APC 52 54
	PULMONARY FUNCTION PROTOCOL: INCLUDES SPIROMETRY, FLOW VOLUME LOOP, AND BRONCHODILATORS, LUNG VOLUMES AND DLCO IF INDICATED	226845 226522 226738 226803	94010 or 94060 (93720) (94720)		METHACHOLINE CHALLENGE W/ SERIAL SPIROMETRY TO ASSIST IN THE DIAGNOSIS OF ASTHMA	226415 281493	94070 95070	
					EXERCISE INDUCED BRONCHOSPASM EVALUATION WITH SERIAL SPIROMETRY EVALUATION FOR EX. INDUCED BRONCHOSPASM	281618	94620	
	POST LUNG TRANSPLANT PROTOCOL: INCLUDES SPIROMETRY, PRE & POST BRONCHODILATOR, 6-MINUTE WALK W/ PULSE OXIMETRY AND OXYGEN TITRATION	226522 281626 226134	94060 94620 94761		INVASIVE DIAGNOSTICS **			
	SPIROMETRY: INCLUDES FLOW VOLUME LOOP, FVC AND FEV1	226845	94010		BRONCHOSCOPY, DIAGNOSTIC W/ OR W/O WASH	226878	31622	
	SPIROMETRY PRE AND POST BRONCHODILATOR	226522	94060		BRONCHOSCOPY, W/ BRUSHING	281543	31623	
	LUNG VOLUMES (PLETHYSMOGRAPHY): INCLUDES TLC, VC, RV & AIRWAY RESISTANCE	281634	93720		BRONCHOSCOPY, W/ BIOPSY	226613	31625	
	DIFFUSION CAPACITY (DLCO)	226803	94720		BRONCHOSCOPY, W/ NEEDLE ASPIRATION	281329	31629	
	VITAL CAPACITY ONLY	281600	94150		BRONCHOSCOPY, W/ LAVAGE	281337	31624	
	RESPIRATORY MUSCLE FORCE	249524			BRONCHOSCOPY, W/ STENT PLACEMENT	281550	31631	
	MAXIMAL VOLUNTARY VENTILATION	281592	94200		BRONCHOSCOPY, W/ PLACEMENT OF CATHETER/S FOR INTERCAVITARY RADIOELEMENT APPLICATION	281568	31643	
	CARDIOPULMONARY EXERCISE TESTING				BRONCHOSCOPY, W/ THERAPEUTIC ASPIRATION OF TRACHEOBRONCHIAL TREE, INITIAL	281576 281584	31645 31646	
	CARDIOPULMONARY EXERCISE W/ METABOLIC MEASUREMENTS: SPECIFY PROTOCOL <input type="checkbox"/> CYCLE <input type="checkbox"/> TREADMILL	281535	94621		BRONCHOSCOPY, TRANSBRONCHIAL BX W/ OR W/O FLUOROSCOPY	281642	31628	
	SIX MINUTE WALK WITH PULSE OXIMETRY	281626	94620		BRONCHOSCOPY, TRANSBRONCHIAL NEEDLE BX - SUBSEQUENT	281659	31629	
	LABORATORY				PLEURAL BIOPSY	281386	32400	
	ABG, RESTING AND EXERCISE (PUNCTURE & ANALYSIS X2)	226894 226787	36600 82803		LUNG BIOPSY	249508	32405	
	LACTIC ACID DURING EXERCISE (TO CONFIRM ANEROBIC THRESHOLD)		83605		THORACENTESIS	226621	32000	
	ARTERIAL BLOOD GAS ON ROOM AIR		36600/ 82803		OTHER TESTS			
	ARTERIAL BLOOD GAS ON ____ L/M OR ____ % O2				INDIRECT CALORIMETRY	226423	94690	
	ARTERIAL BLOOD GAS ON 100% O2				TRANSCUTANEOUS PO2	226514	93923	
	PULSE OXIMETRY, SINGLE EVALUATION	333500	94760		THERAPEUTICS			
	OXYGEN TITRATION	226134	94761		HHN W/ 2.5MG OF ALBUTEROL	281352	94640	

APPOINTMENT DATE _____

APPOINTMENT TIME _____

☐ SEND RESULTS W/ PATIENT

☐ FAX RESULTS TO _____

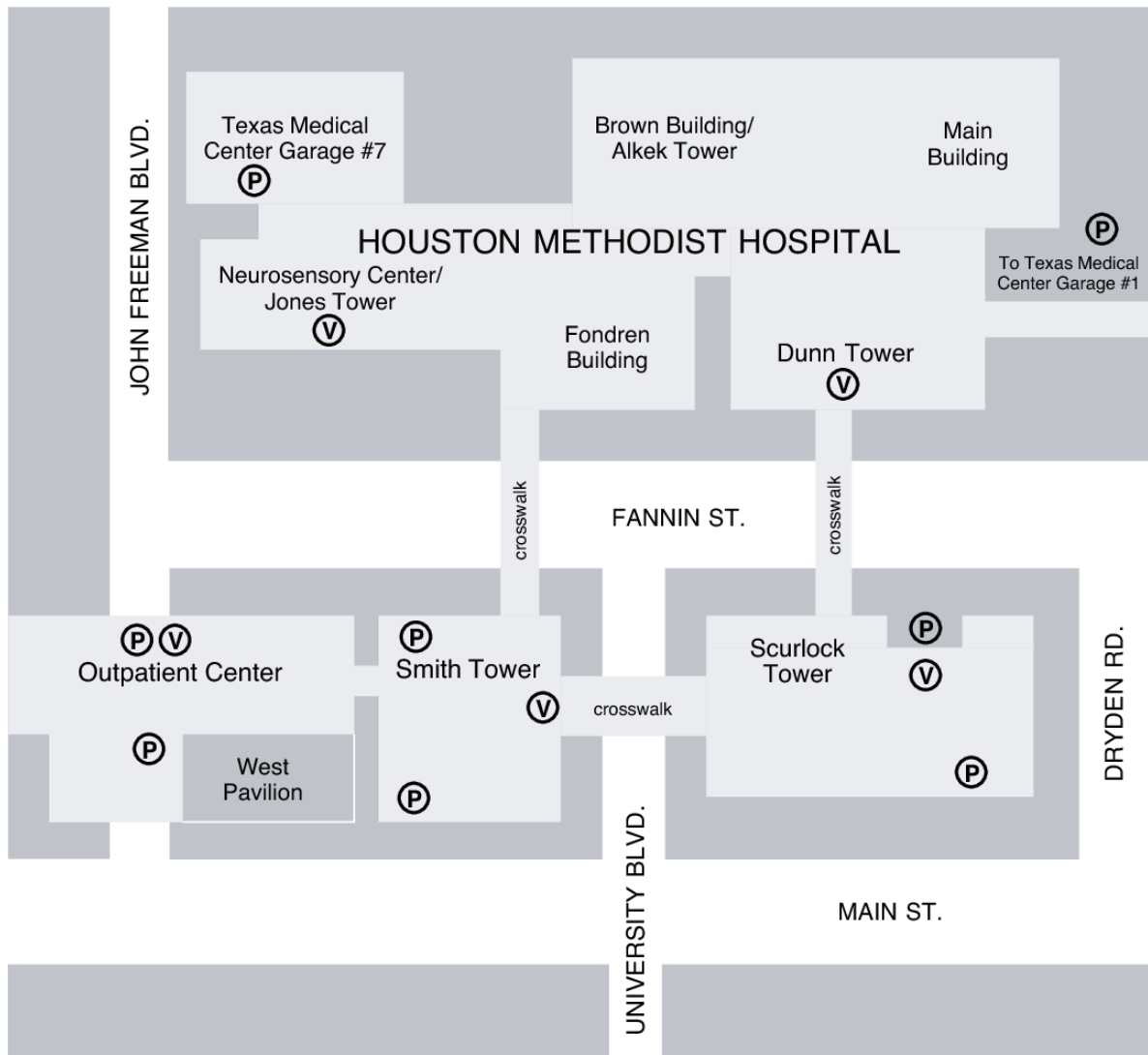
(*) ANY ORDER FOR "PFT"s WILL BE INTERPRETED PROTOCOL

(**) APPROPRIATE CONSENT MUST BE OBTAINED PRIOR TO PROCEDURE

ORDERS MUST BE RECEIVED PRIOR TO TESTING AND INCLUDE
AN APPROPRIATE DIAGNOSIS AND ICD-9 CODE

OTHER PROCEDURES / SPECIAL INSTRUCTIONS

PHYSICIAN NPI #	PHYSICIAN'S NAME	SCHEDULING PHONE 713.441.6550 SCHEDULING FAX 713.791.5075 FOR ADDITIONAL SCRIPTS, CALL 281.841.6945 HMM1824 (01/2013)
DATE/TIME	PHYSICIAN'S SIGNATURE	



You can access the Outpatient Center via the 2nd floor crosswalk from Smith Tower.

(P) Parking

(V) Valet